



STATE FIRE TRAINING

Certification Examination Retake Application



Date: _____

Identification

Candidate: _____

SFT ID Number: _____

Mailing Address: _____

Phone (Home): _____ Phone (Mobile): _____

Email: _____

Previous Failed Exam Information

Certification Examination Title: Fire Fighter I Certification Exam

<u>Skills Examination Information</u>	<u>Written Examination Information</u>
<input type="checkbox"/> 1st Retake (Only one retake is permitted)	<input type="checkbox"/> 1st Retake <input type="checkbox"/> 2nd Retake (Only 2 retakes are permitted)
Date taken: _____	Date taken: _____
Lead Evaluator: _____	Lead Evaluator: _____
Location: _____	Location: _____
	Module(s): _____

SFT procedures authorize two written certification test retakes and one skills test retake within one year of the original test date(s).

Submit to: [Certification Exam Coordinator](#)

State Fire Training Action

Candidate's request to retake certification exam(s) is: Approved ☐ Denied ☐

State Fire Training Authorized Signature

Date

Printed Name: _____

Title: _____